



Dkt. 51917-CB-PCT-US/JPW/BJA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : David Pinsky et al.

U.S. Serial No.: 10/692,439

Examiner: M. Szperka

Filed : October 22, 2003

Art Unit: 1644

For : METHODS FOR TREATING AN ISCHEMIC DISORDER AND
IMPROVING STROKE OUTCOME

1185 Avenue of the Americas
New York, New York 10036
May 5, 2008

Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION FOR A THREE-MONTH EXTENSION OF TIME

This Petition is submitted in response to the August 7, 2007 Final Office Action issued by the United States Patent and Trademark Office in connection with the above-identified application, and is accompanying the Request for Continued Examination also filed herewith. A response to the August 7, 2007 Final Office Action was due February 7, 2008, with a three-month extension of time. Applicants hereby petition for a three-month extension of time. The fee for a three-month extension of time for a small is FIVE HUNDRED AND TWENTY-FIVE DOLLARS (\$525.00).

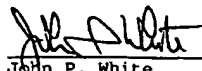
Repln. Ref: 06/05/2008 CKHLOK 0010392700
DAH:033125 Name/Number:10692439
FC:9204 \$525.00 CR

Respectfully submitted,

John P. White
Registration No. 28,678
Attorney for Applicants
Cooper & Dunham LLP
1185 Avenue of the Americas
New York, New York 10036
(212) 278-0400

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

 5/5/08
John P. White Date
Reg. No. 28,678

05/08/2008 SLUANG1 00000016 10692439

03 FC:2253

525.00 OP

Adjustment date: 06/05/2008 CKHLOK
05/08/2008 SLUANG1-00000016 10692439--
03 FC:2253 -525.00 OP

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>6/5/08</u>		2 Serial/Patent # <u>10692439</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
✓	Extension of Time	—	5/8/08	\$ 525.00
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ 525.00
		8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check		
	Overpayment	Credit Deposit A/C #: 9		
✓	Duplicate Payment	0 3 -- 3 1 2 5		
✓	No Fee Due (Explanation):			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Liana Walsh</u>		TITLE: <u>Pets Examiner</u>		
SIGNATURE: <u>[Signature]</u>		PHONE: <u>23206</u>		
OFFICE:				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>[Signature]</u>		DATE: <u>6/5/08</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: